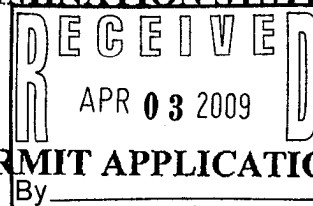


# KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



This is an application to: (check one)

- ☐ Apply for a new permit.  
☒ Apply for reissuance of expiring permit.  
☐ Apply for a construction permit.  
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

- 0 -

<b>I. FACILITY LOCATION AND CONTACT INFORMATION</b>		AGENCY USE	0105538
A. Name of business, municipality, company, etc. requesting permit <i>Butler County Board of Education</i>			
B. Facility Name and Location		C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.	
Facility Location Name: <i>North Butler Elementary School</i>		Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> <i>Kenneth Reed, Director of Maintenance</i>	
Facility Location Address (i.e. street, road, etc., not PO Box): <i>5512 Brownsville Road</i>		Mailing Address: <i>P.O. Box 339</i>	
Facility Location City, State, Zip Code: <i>Morgantown, KY 42261</i>		Mailing City, State, Zip Code: <i>Morgantown, KY 42261</i>	
		Facility Contact Telephone Number: <i>270-526-5624</i>	

<b>II. FACILITY DESCRIPTION</b>	
A. Provide a brief description of activities, products, etc: <i>Furnishing academic courses for elementary school students.</i>	
B. Standard Industrial Classification (SIC) Code and Description	
Principal SIC Code & Description:	<i>8211 Elementary and Secondary Schools</i>
Other SIC Codes:	

<b>III. FACILITY LOCATION</b>	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: <i>Butler</i>	City where facility is located (if applicable): <i>N/A</i>
C. Body of water receiving discharge: <i>Unnamed tributary at mile point 0.45 to Welch Creek at milepoint 9.85</i>	
D. Facility Site Latitude (degrees, minutes, seconds): <i>37.264278 / 37° 15' 51.4002"</i>	Facility Site Longitude (degrees, minutes, seconds): <i>- 86.601611 / - 86° 36' 5.7996"</i>
E. Method used to obtain latitude & longitude (see instructions): <i>Per. Regional office inspection report</i>	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): <i>NA</i>	

**IV. OWNER/OPERATOR INFORMATION****A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

Ronnie Felty

Telephone Number:

270-526-5624

Operator Mailing Address (Street):

Butler County Board of Education, P.O. Box 339

Operator Mailing Address (City, State, Zip Code):

Morgantown KY 42261

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

Class I

Certification Number:

6603

**V. EXISTING ENVIRONMENTAL PERMITS**

Current NPDES Number:

KY0105538

Issue Date of Current Permit:

2-1-05

Expiration Date of Current Permit:

9-30-09

Number of Times Permit Reissued:

0

Date of Original Permit Issuance:

2-1-05

Sludge Disposal Permit Number:

N/A

Kentucky DOW Operational Permit #:

N/A

Kentucky DSMRE Permit Number(s):

N/A

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A for all	
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

**VI. DISCHARGE MONITORING REPORTS (DMRs)**

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

Kenneth R. Reed  
Maintenance Director

DMR Official Telephone Number:

270-526-5624

**B. DMR Mailing Address:**

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

McCoy &amp; McCoy Laboratories, Inc.

DMR Mailing Address:

P.O. Box 907

DMR Mailing City, State, Zip Code:

Madisonville, KY 42431

**VII. APPLICATION FILING FEE**

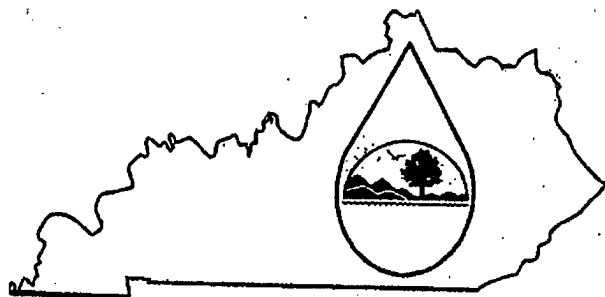
KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category: <i>NA</i>	Filing Fee Enclosed: <i>NA</i>
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**VIII. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> <i>Kenneth R. Reed, Director of Maint.</i>	TELEPHONE NUMBER (area code and number): <i>270-526-5624</i>
SIGNATURE <i>Kenneth R. Reed</i>	DATE: <i>3-30-2009</i>



# KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

## PERMIT APPLICATION

A complete application consists of this form and Form 1.  
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: <u>North Butler Elementary School</u>											
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE	0	1	0	5	5	3	8
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week?				<u>5-6 during the school year; less frequently in summer.</u>							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): <u>Sized for a population of approximately 400 students and faculty/staff.</u>											
B. If new discharger, indicate anticipated discharge date:				<u>N/A</u>							
C. Indicate the design capacity of the treatment system:				<u>0.01 MGD</u>							

### III. Outfall Location (see instructions)

Outfall (dis)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
	37°	15'	51.4002"	-86°	36'	5.7996"	U/T to Welch Creek at milepoint 9.85
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				<u>PER Regional INSPECTOR REPORT</u>			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page A in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Sanitary wastewater from restrooms and kitchen area	Average flow: 0.001 MGD	Activated sludge	3-A
			Disinfection: chlorine	2-F
			Grinding: comminutor	1-L
		Design flow: 0.01 MGD		

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste  
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake: \_\_\_\_\_  
☐ Publicly-owned treatment works (POTW). Name of POTW: \_\_\_\_\_  
☐ Land application of Effluent  
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well  
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/> Antimony		<input type="checkbox"/> Copper		<input type="checkbox"/> Silver	
<input type="checkbox"/> Arsenic		<input type="checkbox"/> Lead		<input type="checkbox"/> Thallium	
<input type="checkbox"/> Beryllium		<input type="checkbox"/> Mercury		<input type="checkbox"/> Zinc	
<input type="checkbox"/> Cadmium		<input type="checkbox"/> Nickel			
<input type="checkbox"/> Chromium		<input type="checkbox"/> Selenium			

**IV. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)**

A. Number of bypass points: N/A (If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

**X. AREA SERVED (see instructions)**

NAME	ACTUAL POPULATION SERVED
North Butler Elementary School (entire)	350 students, 49 faculty/staff
TOTAL POPULATION SERVED	399

## XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)
N/A		

## XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.

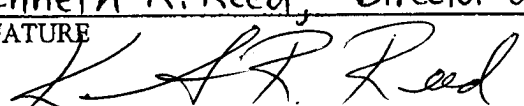
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD <sub>5</sub>	78 mg/l	30 mg/l	9
TOTAL SUSPENDED SOLIDS	82 mg/l	31 mg/l	9
FECAL COLIFORM	400 colonies/100 ml	* 15.9 colonies/100 ml	8
TOTAL RESIDUAL CHLORINE	0.22 mg/l	—	1
OIL AND GREASE	< 2 mg/l	—	1
CHEMICAL OXYGEN DEMAND	58 mg/l	—	1
TOTAL ORGANIC CARBON	28.9 mg/l	—	1
AMMONIA	130 mg/l	44 mg/l	9
DISCHARGE FLOW	0.0015 MGD	0.001 MGD	4
pH	7.9 S.U.	7.34 S.U.	8
TEMPERATURE (WINTER)	13.0 °C	—	1
TEMPERATURE (SUMMER)	22.9 °C	—	1

B. Frequency and duration of flow:

5-6 days/week during school year  
\* calculated as geometric mean

## XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Kenneth R. Reed, Director of Maintenance	TELEPHONE NUMBER (area code and number): 270-526-5624
SIGNATURE 	DATE 3-30-2009